

# COOPER'S FLOOR STATEMENT ON HEALTH REFORM

March 21, 2010

Cooper's full Congressional Record statement

I woke up this Sunday morning, said my prayers, and finally decided that I will vote YES on health care reform.

Having heard from tens of thousands of Middle Tennesseans on all sides of the issue (including the flood of messages in the last few days and hours), and having spent months studying the various bills, I know that America must improve its health care system because it is unsustainable. This legislation will make it better.

Any decision of this magnitude must be made very carefully, after weighing every concern. We Nashvillians are proud of our outstanding health care community that makes us "the nation's health care industry capital." Given our community's expertise, it is interesting to note that:

- Every Nashville hospital strongly supports the legislation, whether it's St. Thomas, Vanderbilt (both University and Hospital), Centennial, Meharry Medical School, Nashville General, Summit, Skyline, or Southern Hills.
- A majority of physicians who contacted me support the legislation and, although the Tennessee Medical Association opposes it, the TMA's national organization, the conservative American Medical Association, supports it.
- A majority of local nurses support the legislation, along with the American Nurses Association.
  - Despite media controversy regarding abortion, the Catholic Health Association, Catholics United, and groups representing 59,000 Catholic Sisters support the legislation.

- The largest Nashville and national senior organization, AARP, supports the legislation.

It means a lot to me that so many local people who know so much about health care agree with my decision.

Of course, there are plenty of people who disagree who are also very knowledgeable about health care, and I have great respect for their opinions. I've learned a lot from their views. Several of their suggested improvements are already in the legislation. You may be surprised that many of these critics want the legislation to do more, not less. Having taught health policy at Vanderbilt's business school for many years, I can easily point out many flaws in the legislation myself, both substantive and procedural. I have been working hard in Congress to eliminate those flaws. For example, yesterday we were able to force a clear, up-or-down vote on today's legislation instead of using the parliamentary maneuver that was favored by some in my own party.

Let me make clear that I respect the advocacy of those who are opposed to the legislation. They actually help me make sure that more people in Congress do their homework and pay attention to America's financial problems. They are strengthening our democracy with their voices.

The bottom line is that this legislation offers the only realistic hope that most Americans have for getting a fair deal in today's private health insurance markets. This is not a government takeover of those markets, but a way to encourage better private-market competition. In the future, private insurance companies should compete to keep us healthy, not drop us from coverage. Tens of millions of Americans will benefit immediately from reform of these insurance markets. Thousands of lives will literally be saved due to the greater affordability of health insurance. This is as major a public health accomplishment as reducing car wrecks or finding a cure for a dread disease. One of the lives saved could be yours.

My health insurance is Tennessee Blue Cross/Blue Shield (just like I had when I was a small businessman in Nashville) but, as a congressman, I am able to purchase it as part of a large pool, an exchange. I want every American to have the same purchasing power. No matter what your insurance company is, most Tennesseans are only one illness away, one pink slip away, or one premium hike away from being mistreated by current insurance practices: discrimination against pre-existing conditions, arbitrary premium pricing, and last-minute rescission of coverage when you need it most. This legislation will cover 32 million hardworking, middle-class Americans who are left out in the cold by today's insurance practices. Rival legislation only attempts to cover 3 million uninsured people, or less than 10% of the problem. America can, and must, do better.

The financial issues involved are just as important as the coverage issues, as I pointed out in my remarks at the President's bipartisan summit on health care at Blair House in February. Will improved coverage increase the deficit, either short-term or long-term? And will this legislation start containing the explosion in health costs that threaten our economy but do not improve our health?

Although CBO claims that the legislation will reduce deficits in the first ten years by over \$100 billion, and by over \$1 trillion after that, you don't have to believe CBO to realize that, even if you assume zero deficit reduction, this is a huge improvement in the policymaking of recent years. In plain English, this bill is paid for, and may even save big money. Should these projections prove faulty, there are fail-safe mechanisms within the legislation that, with public support, should correct any budget problems. I proudly voted against the 2003 Medicare drug bill because it did not even attempt to pay for itself. That one bill (which very few constituents complained about) added \$600 billion to the short-term deficit and as much as \$7.8 trillion in the out years. Fiscal conservatives have much more reason to protest that legislation than this.

There is a legitimate concern about whether the so-called "doc fix" should have been included in this legislation. It is not. That issue is the result of the 1997 Balanced Budget Act formula that limits the growth of physician reimbursement under Medicare. Since 1997, some doctors have been able to increase their reimbursement more than others, but all are now threatened with a 21% cut. This is a \$320 billion problem over the next ten years, and a \$4.2 trillion problem in the out years. Unless this issue is resolved, it could have more deficit impact than all of health reform. I think that we must figure out a way to pay for the "doc fix" now, not add it to the deficit. If you really care about the deficit, watch how your elected officials vote on this key issue.

This legislation does not do enough to contain medical inflation, but it makes a good start because it contains the largest proposed savings in health costs in history, \$600 billion over ten years. To make these savings stick, we will all have to be vigilant because every health care provider will immediately be asking for Congress to reduce or even reverse those savings. For those who sincerely want Congress to have more backbone on these issues, the answer is to support more savings now by asking for tougher follow-on legislation. You won't achieve more savings by encouraging Congress to slouch away from its responsibilities today.

There are many talking heads on television who claim to want more cuts, but their immediate plan is to do nothing. Today the official Republican Party position is to scare seniors about Medicare and, despite a blizzard of words, do nothing. They are behaving as badly as the Democratic Party used to behave when scaring Social Security

recipients. If history is any guide, America only has the political will to face up to these issues every 15 years, and, when we did address them, Congress did not make much progress. Neither political party will tell you that the real cost of delaying reform is roughly \$16 billion a day. That's my estimate, based on accrual accounting, of the financial harm being done to America by a failure to resolve these problems on a timely basis. Waiting too long to pass reform could be as terrible a fiscal tragedy as waiting too long to treat cancer. Of course, the pundits have no way of paying for the delay, and the fiscal harm, that they foster. The opportunity cost of endless arguments may even be greater than the cost of solving the problems themselves!

Opponents of today's reform also claim to have a better plan. I'd love to see it. I am thoroughly familiar with their legislative ideas because I have been working in a bipartisan way on these issues for many years. They simply do not have a better plan today that could garner more than a handful of votes, and, given their track record, are not likely to ever present one. There is no magic wand. For example, I've tried for many years to promote the bipartisan Healthy Americans Act, H.R. 1321. We ended up with only a handful of cosponsors. Another example is my friend Rep. Paul Ryan's (R-WI) interesting plan that has made him the darling of The Wall Street Journal. His bill, H.R. 4529, has exactly 13 cosponsors. You need at least 216 votes to get anything accomplished. As intriguing as some of these ideas are, they are not a solution, especially when the meter is ticking at about \$16 billion a day.

There is a lot of rhetoric about which political party is more sincere about deficit reduction. The facts are that the last Democratic president to have a balanced budget was Bill Clinton, just ten years ago. The last Republican president to have a balanced budget was Herbert Hoover, almost eighty years ago. Today's Congress has finally passed into law important "pay-as-you-go" legislation that will force Washington to start living within its means. Budget experts think that this is the single most important step toward getting our fiscal house in order. Blue Dog Democrats, of which I am a member, forced this improvement in budgeting.

The President has created a bipartisan Fiscal Responsibility Commission that will help Washington face up to its deficit problems. The President is doing his best to implement my bipartisan legislation on this issue, legislation that the Senate failed to pass because seven Republican senators (who are original cosponsors) voted against their own bill! None of these important steps toward fiscal sanity was allowed under the previous Administration. In fact, the previous Vice President, Dick Cheney, was famous for saying, "Deficits don't matter." He could not have been more mistaken.

Regardless of what happens to this legislation today, America cannot afford to ignore the growing crisis in financing today's medical system. In the future, we need to focus on these issues every year, not every 15 years. Passage of this legislation is absolutely certain to do that. Flaws will need to be corrected, adjustments made, new ideas explored. I have a list ready. Just as continual advances in medicine must be made, continual advancements in delivery of medical care must be made. Both

types of advancements save lives. It is better when the private sector makes these improvements but, when the private sector fails, then government should help the private-sector, not run their businesses for them.

I am well aware of the fact that this is a big vote, and perhaps a career-limiting decision. But I think most folks back home want me to do what is right, not just what's temporarily popular. That's what my 90-year-old mother taught me. I've made tough votes before and been proven right. Against united Republican opposition, I voted for the 1993 Clinton budget that put America on the path to the longest economic recovery in history. Against united Republican leadership, I voted against the 2003 Medicare drug bill that was the largest unfunded expansion of entitlement programs in history. And against united Republican opposition, I voted for the House health reform bill in November of 2009 that enabled us to vote on the much better Senate measure today.

I have the honor of representing the Hermitage District. Our greatest hero, Andrew Jackson, said "One man with courage is a majority." I sure hope he was right.

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